



## Notice of Authorization

March 6, 2025

Member Name: JEANNE L HOFFMAN

Member ID Number: 8000880246486

Member DOB: January 6, 1925

Requesting Provider: BAINBRIDGE ISLAND HEALTH AND REHABILITATION CENTER

Servicing Provider: BAINBRIDGE ISLAND HEALTH AND REHABILITATION CENTER

Date of Request: March 3, 2025

Authorization Number: PUM250629180

Requested Service/Item	Quantity	Dates of Service
Skilled Nursing Facility	7 Day(s)	March 6, 2025 – March 13, 2025

Dear JEANNE L:

Molina Medicare Complete Care (HMO D-SNP), thank you for being a valued member of our plan. We reviewed the request for the service(s) or item(s) listed above. We are pleased to inform you that we have approved the requested service(s) or item(s).

You or your doctor or health care provider may call us if you need more of these service(s) or item(s). Additional service(s) or item(s) require our review and approval. Your request is reviewed by our plan for medical need, plan coverage based on your benefits, health plan guidelines, state and or federal rules. You must be a member of our plan at the time of service.

Please call Member Services at (800) 665-1029, TTY: 711, 8 a.m. - 8 p.m. local time, 7 days a week if you have any questions.

Sincerely,

Molina Medicare Complete Care

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## Non-Discrimination Notice – Section 1557 Molina Healthcare - Medicare

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex (consistent with the scope of sex discrimination described at § 92.101(a)).

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need these services, contact Molina Member Services at 1-800-665-3086 or TTY/TDD: 711, Monday to Friday, 8 a.m. to 8 p.m., local time.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, you can file a grievance. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>.

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit  
200 OceanGate  
Long Beach, CA 90802  
Email: [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com)  
Website: <https://molinahealthcare.Alertline.com>

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Phone: 1-800-368-1019  
TTY/TDD: 800-537-7697

Complaint forms are available here: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>.



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